CONTACT: Laura Capps/Melissa Wagoner (202) 224-2633

KENNEDY, ENZI WORK TO MINIMIZE RADIATION EXPOSURE BILL WOULD IMPROVE HEALTH CARE SAFETY AND QUALITY

Washington, DC: Senator Edward M. Kennedy joined Senator Michael Enzi to reduce patient exposure to radiation by introducing the Consumer Assurance of Radiologic Excellence (CARE) Act of 2006. With over 300 million radiologic procedures performed annually, this legislation is expected to markedly improve health care safety, quality, and consistency by ensuring federal standards Their plan will reduce health care costs and unnecessary exposure to radiation by lowering the number of unwarranted x-rays and other radiological procedures.

"Under the CARE Act, uniform federal educational and certification standards for x-ray technicians will lead to improvements in patient safety and the quality of health care," said Senator Kennedy. "Patients can be harmed by poorly trained technicians, since inadequate procedures can lead to misdiagnosis. If a procedure is repeated, the patient is exposed to further radiation."

Currently, an estimated 40% of radiology technologists have no formal education in that field. CARE seeks to remedy this by ensuring a minimum set of uniform standards for radiological technologists education and accreditation and incentives for timely compliance. By passing CARE, radiological procedures will be safer, more accurate, and less costly.

Below is a fact sheet:

CARE Act of 2006 Fact Sheet

Radiologic-based imaging and radiation therapy procedures in the United States:

- Over 300 million radiologic procedures are performed annually
- Every year, 7 in 10 Americans undergo some type of medical imaging exam or radiation therapy treatment
- Only 41 states have some form of licensure laws or regulate radiologic technologists and these laws or regulations lack uniformity or consistency

| • | In 1981, Congress passed the Consumer-Patient Radiation Health and Safety Act of 1981 (P. L. 97-35) to give states recommendations for the licensing of radiologic technologists, but 25 years later has not been voluntarily followed uniformly |
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| • | An estimated 40% of operators administering ionizing radiation have no formal education in radiologic technology |
| • | For X-ray procedures alone, 7–10% are performed as repeat exams |
| • | The U.S. spends approximately \$20 billion a year on diagnostic x-ray examinations. Assuming the low-end 7% repeat-rate, almost \$1.5 billion is wasted annually on unnecessary, repeated x-ray procedures |
| • | Studies show that patients may receive 100 times more radiation than necessary for the same x-ray examination because of unqualified operators |
| • | Repeat procedures mean a minimum of double the overall radiation dose exposure for the patient |
| • | The FDA Bureau of Radiologic Health has estimated 30% of exposures to man-made radiation are unnecessary |
| • | It is in the interest of health and safety to minimize unnecessary or inappropriate exposure to radiation due to the performance of medical imaging and radiation therapy procedures ### |
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